

#### Jefferson City, Missouri 65102

Name:WYATT W. WALKER
Check Date:06/14/2019

Address:1610 ROSEWOOD LN
Payroll Period:5/16/2019 - 5/31/2019

CHILLICOTHE, MO 64601
Check Net Amount:\$1,030.32

| D                             | 11         |             |  |
|-------------------------------|------------|-------------|--|
| SOCIAL SECURITY/MEDICARE WAGE | \$1,327.43 | \$14,451.01 |  |
| FEDERAL/STATE TAXABLE WAGE    | \$1,274.24 | \$13,871.96 |  |
| GROSS WAGES                   | \$1,329.67 | \$14,475.65 |  |
| rages                         | Amount     | Amount      |  |
| Wages                         | Amount     | TD          |  |

| Pay                    | Rate          | Hours | 1      | Amount     |
|------------------------|---------------|-------|--------|------------|
| REGULAR PAY            | \$1,303.      | 67    | 86:40  | \$1,303.67 |
| REGULAR PAY            | \$1,329.      | 67    | -10:30 | \$-161.10  |
| ANNUAL LEAVE USAGE PAY | \$1,329.      | 67    | 3:00   | \$46.03    |
| HOLIDAY COMP USAGE PAY | \$1,329.      | 67    | 2:30   | \$38.36    |
| SHIFT DIFFERENTIAL     | <b>\$26</b> . | 00    | 86:40  | \$26.00    |
| SICK LEAVE USAGE PAY   | \$1,329.      | 67    | 5:00   | \$76.71    |
| Total                  |               | •     | 173:20 | \$1,329.67 |

| Deductions                     | Amount   | TD         |
|--------------------------------|----------|------------|
| Deductions                     | Amount   | mount      |
| ADDITIONAL STATE TAX W/H       | \$30.00  | \$60.00    |
| CAFETERIA ADMINISTRATION FEE   | \$0.12   | \$1.32     |
| FEDERAL TAX WITHHOLDING        | \$78.25  | \$846.29   |
| MCHCP VISION - CP              | \$2.24   | \$24.64    |
| MEDICARE TX W/H EMPLOYEE SHARE | \$19.25  | \$209.54   |
| MOSERS RETIREMENT PLAN - EE    | \$53.19  | \$579.05   |
| SOCIAL SECURITY TAX W/H -EE    | \$82.30  | \$895.96   |
| STATE TAX WITHHOLDING          | \$34.00  | \$126.00   |
| Total                          | \$299.35 | \$2,742.80 |

| Employer Contributions        | Amount   | YTD        |  |
|-------------------------------|----------|------------|--|
| Employer Contributions        | Amount   | mount      |  |
| LIFE INSURANCE FRINGE PAYMNT  | \$5.72   | \$62.26    |  |
| LONG TERM DISABILITY FRINGE   | \$6.32   | \$68.79    |  |
| MEDICARE FRINGE PAYMENT       | \$19.25  | \$209.54   |  |
| MOSERS RET 2011 PLAN FRNG PAY | \$268.73 | \$2,925.56 |  |
| RETIREE HEALTH FRINGE         | \$57.57  | \$767.02   |  |
| SOCIAL SECURITY TAX W/H -ER   | \$82.30  | \$895.96   |  |
| Total                         | \$439.89 | \$4,929.13 |  |

| Direct Deposit   | Account  | Account  | Routing   |
|------------------|----------|----------|-----------|
| Number           | Туре     | Number   | Number    |
| 2090000024178091 | CHECKING | ****2445 | 314074269 |

#### State of Missouri Office of Administration PO Box 809 Jefferson City, Missouri 65102 Check Date: 05/31/2019 Name: WYATT W. WALKER Payroll Period:5/01/2019 - 5/15/2019 Address: 1610 ROSEWOOD LN CHILLICOTHE, MO 64601 Check Net Amount:\$1,030.32 Wages Amount **YTD Amount** \$13,145.98 GROSS WAGES \$1,329.67 \$12,597.72 FEDERAL/STATE TAXABLE WAGE \$1,274.24 SOCIAL SECURITY/MEDICARE WAGE \$13,123.58 \$1,327.43 Hours Pay Rate **Amount** REGULAR PAY \$1,303.67 86:40 \$1,303.67 REGULAR PAY \$1,329.67 -40:00 \$-613.69 ANNUAL LEAVE USAGE PAY \$1,329.67 5:00 \$76.71 FEDERAL COMP USAGE PAY \$1,329.67 6:00 \$92.05 HOLIDAY COMP USAGE PAY 2:00 \$30.68 \$1,329.67 OTHER LEAVE WITH PAY \$1,329.67 8:00 \$122.74 \$26.00 SHIFT DIFFERENTIAL \$26.00 86:40 \$291.51 SICK LEAVE USAGE PAY \$1,329.67 19:00 Total 173:20 \$1,329.67 Deductions Amount YTD Amount ADDITIONAL STATE TAX W/H \$30.00 \$30.00 \$1.20 CAFETERIA ADMINISTRATION FEE \$0.12 FEDERAL TAX WITHHOLDING \$78.25 \$768.04 \$22.40 \$2.24 MCHCP VISION - CP \$190.29 MEDICARE TX W/H EMPLOYEE SHARE \$19.25 \$525.86 MOSERS RETIREMENT PLAN - EE \$53.19 SOCIAL SECURITY TAX W/H -EE \$813.66 \$82.30 STATE TAX WITHHOLDING \$34.00 \$92.00 \$2,443.45 Total \$299.35 YTD Amount **Employer Contributions** Amount LIFE INSURANCE FRINGE PAYMNT \$5.72 \$56.54 LONG TERM DISABILITY FRINGE \$6.32 \$62.47 MEDICARE FRINGE PAYMENT \$19.25 \$190.29 \$2,656.83 MOSERS RET 2011 PLAN FRNG PAY \$268.73 \$709.45 RETIREE HEALTH FRINGE \$57.57 SOCIAL SECURITY TAX W/H -ER \$813.66 \$82.30 Total \$439.89 \$4,489.24 Direct Deposit NumberAccount TypeAccount NumberRouting Number

**CHECKING** 

2090000024125961

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314074269



#### Jefferson City, Missouri 65102

| Name:WYATT W. WALKER     | Check Date:05/15/2019                |
|--------------------------|--------------------------------------|
| Address:1610 ROSEWOOD LN | Payroll Period:4/16/2019 - 4/30/2019 |
| CHILLICOTHE, MO 64601    | Check Net Amount:\$1,087.33          |

| CHILLICOTHE, INC 64601        | Check Net / | Amount:\$1,U | 107.33          |
|-------------------------------|-------------|--------------|-----------------|
| Wages                         | Am          | ount         | YTD             |
| GROSS WAGES                   |             |              | Amount          |
|                               |             | \$1,329.67   | \$11,816.31     |
| FEDERAL/STATE TAXABLE WAGE    |             | \$1,274.24   | \$11,323.48     |
| SOCIAL SECURITY/MEDICARE WAGE |             | \$1,327.43   | \$11,796.15     |
| Pay R:                        | ate Ho      | urs          | Amount          |
| REGULAR PAY                   | \$1,303.67  | 86:40        | \$1,303.67      |
| REGULAR PAY                   | \$1,329.67  | 4:00         | \$61.37         |
| OFFSETS FLSA PAY TO LEAVE BAL | \$0.00      | -4:00        | <b>\$-61.37</b> |
| SHIFT DIFFERENTIAL            | \$26.00     | 86:40        | \$26.00         |
| Total                         |             | 173:20       | \$1,329.67      |
| Deductions                    | Am          | ount         | YTD             |

| Deductions                     | Amount   | 110        |  |
|--------------------------------|----------|------------|--|
| Deductions                     | Amount   | lmount     |  |
| CAFETERIA ADMINISTRATION FEE   | \$0.12   | \$1.08     |  |
| FEDERAL TAX WITHHOLDING        | \$78.25  | \$689.79   |  |
| MCHCP VISION - CP              | \$2.24   | \$20.16    |  |
| MEDICARE TX W/H EMPLOYEE SHARE | \$19.24  | \$171.04   |  |
| MOSERS RETIREMENT PLAN - EE    | \$53.19  | \$472.67   |  |
| SOCIAL SECURITY TAX W/H -EE    | \$82.30  | \$731.36   |  |
| STATE TAX WITHHOLDING          | \$7.00   | \$58.00    |  |
| Total                          | \$242.34 | \$2,144.10 |  |
|                                |          |            |  |

| Employer Contributions        | Amount   | YTD        |  |
|-------------------------------|----------|------------|--|
| Employer Contributions        | Amount   | Amount     |  |
| LIFE INSURANCE FRINGE PAYMNT  | \$5.72   | \$50.82    |  |
| LONG TERM DISABILITY FRINGE   | \$6.32   | \$56.15    |  |
| MEDICARE FRINGE PAYMENT       | \$19.24  | \$171.04   |  |
| MOSERS RET 2011 PLAN FRNG PAY | \$268.73 | \$2,388.10 |  |
| RETIREE HEALTH FRINGE         | \$57.57  | \$651.88   |  |
| SOCIAL SECURITY TAX W/H -ER   | \$82.30  | \$731.36   |  |
| Total                         | \$439.88 | \$4,049.35 |  |
|                               |          |            |  |

| Direct Deposit   | Account  | Account  | Routing   |
|------------------|----------|----------|-----------|
| Number           | Туре     | Number   | Number    |
| 2090000024074575 | CHECKING | ****2445 | 314074269 |

2090000024022628



314074269

| Jefferson City, Missouri 65102  | 2              |            |                   |
|---------------------------------|----------------|------------|-------------------|
| Name:WYATT W. WALKER            | Check          | Date:04/3  | 0/2019            |
| Address:1610 ROSEWOOD LN        | Payroll Pe     | eriod:4/01 | /2019 - 4/15/2019 |
| CHILLICOTHE, MO 64601           | Check Net Am   | ount:\$1,0 | 87.32             |
| Wages                           | Amou           | nt \       | TD Amount         |
| GROSS WAGES                     |                | \$1,329.67 | \$10,486.64       |
| FEDERAL/STATE TAXABLE WAGE      |                | \$1,274.24 | \$10,049.24       |
| SOCIAŁ SECURITY/MEDICARE WAGE   |                | \$1,327.43 | \$10,468.72       |
| Pay Rate                        | Hours          | -          | Amount            |
| REGULAR PAY                     | \$1,303.67     | 86:40      | \$1,303.67        |
| REGULAR PAY                     | \$1,329.67     | -23:00     | \$-352.88         |
| HOLIDAY COMP USAGE PAY          | \$1,329.67     | 7:00       | \$107.40          |
| OTHER LEAVE WITH PAY            | \$1,329.67     | 16:00      | \$245.48          |
| SHIFT DIFFERENTIAL              | \$26.00        | 86:40      | \$26.00           |
| Total                           |                | 173:20     | \$1,329.67        |
| Deductions                      | Amou           | nt Y       | TD Amount         |
| CAFETERIA ADMINISTRATION FEE    |                | \$0.12     | \$0.96            |
| FEDERAL TAX WITHHOLDING         |                | \$78.25    | \$611.54          |
| MCHCP VISION - CP               |                | \$2.24     | \$17.92           |
| MEDICARE TX W/H EMPLOYEE SHARE  |                | \$19.25    | \$151.80          |
| MOSERS RETIREMENT PLAN - EE     |                | \$53.19    | \$419.48          |
| SOCIAL SECURITY TAX W/H -EE     |                | \$82.30    | \$649.06          |
| STATE TAX WITHHOLDING           |                | \$7.00     | \$51.00           |
| Total                           |                | \$242.35   | \$1,901.76        |
| Employer Contributions          | Amou           | nt \       | TD Amount         |
| LIFE INSURANCE FRINGE PAYMNT    |                | \$5.72     | \$45.10           |
| LONG TERM DISABILITY FRINGE     |                | \$6.32     | \$49.83           |
| MEDICARE FRINGE PAYMENT         |                | \$19.25    | \$151.80          |
| MOSERS RET 2011 PLAN FRNG PAY   |                | \$268.73   | \$2,119.37        |
| RETIREE HEALTH FRINGE           |                | \$57.57    | \$594.31          |
| SOCIAL SECURITY TAX W/H -ER     |                | \$82.30    | \$649.06          |
| Total                           |                | \$439.89   | \$3,609.47        |
| Direct Deposit Number Account T | ype Account Nu | mber Ro    | uting Number      |

CHECKING

\*\*\*\*2445



| PO Box 809                   |           |              |            |                    |
|------------------------------|-----------|--------------|------------|--------------------|
| Jefferson City, Missouri 6   | 5102      | 2            |            |                    |
| Name:WYATT W. WALKER         |           | Check        | Date:04/   | 15/2019            |
| Address:1610 ROSEWOOD LN     |           | Payroll Pe   | eriod:3/16 | 6/2019 - 3/31/2019 |
| CHILLICOTHE, MO 6460         | )1        | Check Net Am | ount:\$1,0 | 087.32             |
| Wages                        |           | Amou         | nt         | YTD Amount         |
| GROSS WAGES                  |           |              | \$1,329.67 | \$9,156.97         |
| FEDERAL/STATE TAXABLE WAGE   |           |              | \$1,274.24 | \$8,775.00         |
| SOCIAL SECURITY/MEDICARE WAS | <b>GE</b> |              | \$1,327.43 | \$9,141.29         |
| Pay F                        | Rate      | Hours        |            | Amount             |
| REGULAR PAY                  |           | \$1,303.67   | 86:40      | \$1,303.67         |
| REGULAR PAY                  |           | \$1,329.67   | -16:00     | \$-245.48          |
| HOLIDAY COMP USAGE PAY       |           | \$1,329.67   | 16:00      | \$245.48           |
| OTHER LEAVE WITH PAY         |           | \$1,329.67   | -8:00      | \$-122.74          |
| SHIFT DIFFERENTIAL           |           | \$26.00      | 86:40      | \$26.00            |
| SICK LEAVE USAGE PAY         |           | \$1,329.67   | 8:00       | \$122.74           |
| Total                        |           |              | 173:20     | \$1,329.67         |
| Deduçtions                   |           | Amou         | nt         | YTD Amount         |
| CAFETERIA ADMINISTRATION FEE |           |              | \$0.12     | \$0.84             |
| FEDERAL TAX WITHHOLDING      |           |              | \$78.25    | \$533.29           |
| MCHCP VISION - CP            |           |              | \$2.24     | \$15.68            |
| MEDICARE TX W/H EMPLOYEE SH/ | ARE       |              | \$19.25    | \$132.55           |
| MOSERS RETIREMENT PLAN - EE  |           |              | \$53.19    | \$366.29           |
| SOCIAL SECURITY TAX W/H -EE  |           |              | \$82.30    | \$566.76           |
| STATE TAX WITHHOLDING        |           |              | \$7.00     | \$44.00            |
| Total                        |           | <u> </u>     | \$242.35   | \$1,659.41         |
| Employer Contributions       |           | Amou         | nt         | YTD Amount         |
| LIFE INSURANCE FRINGE PAYMNT | •         |              | \$5.72     | \$39.38            |
| LONG TERM DISABILITY FRINGE  |           |              | \$6.32     | \$43.51            |
| NA                           |           |              |            |                    |

| Employer Contributions        | Amount   | YTD Amount |
|-------------------------------|----------|------------|
| LIFE INSURANCE FRINGE PAYMNT  | \$5.72   | \$39.38    |
| LONG TERM DISABILITY FRINGE   | \$6.32   | \$43.51    |
| MEDICARE FRINGE PAYMENT       | \$19.25  | \$132.55   |
| MOSERS RET 2011 PLAN FRNG PAY | \$268.73 | \$1,850.64 |
| RETIREE HEALTH FRINGE         | \$82.31  | \$536.74   |
| SOCIAL SECURITY TAX W/H -ER   | \$82.30  | \$566.76   |
| Total                         | \$464.63 | \$3,169.58 |

Direct Deposit Number Account Type Account Number Routing Number 2090000023971159 CHECKING \*\*\*\*2445 314074269



Jefferson City, Missouri 65102 Check Date: 03/29/2019 Name: WYATT W. WALKER

Payroll Period:3/01/2019 - 3/15/2019 Address:1610 ROSEWOOD LN

Check Net Amount:\$1,087.32 CHILLICOTHE, MO 64601

| Wages                         | Amount   | YTD Amount    |
|-------------------------------|----------|---------------|
| GROSS WAGES                   | \$1,329. | 67 \$7,827.30 |
| FEDERAL/STATE TAXABLE WAGE    | \$1,274. | 24 \$7,500.76 |
| SOCIAL SECURITY/MEDICARE WAGE | \$1,327. | 43 \$7,813.86 |
|                               |          |               |

| Pay <sup>1</sup>       | Rate      | Hours     | Am     | ount       |
|------------------------|-----------|-----------|--------|------------|
| REGULAR PAY            | \$1,303.6 | <b>37</b> | 86:40  | \$1,303.67 |
| REGULAR PAY            | \$1,329.6 | <b>37</b> | -24:00 | \$-368.22  |
| ANNUAL LEAVE USAGE PAY | \$1,329.6 | <b>67</b> | 8:00   | \$122.74   |
| HOLIDAY COMP USAGE PAY | \$1,329.6 | <b>37</b> | 8:00   | \$122.74   |
| OTHER LEAVE WITH PAY   | \$1,329.6 | <b>57</b> | 8:00   | \$122.74   |
| SHIFT DIFFERENTIAL     | \$26.0    | 00        | 86:40  | \$26.00    |
| Total                  |           |           | 173:20 | \$1,329.67 |

| Deductions                     | Amount | YTD          | Amount     |
|--------------------------------|--------|--------------|------------|
| CAFETERIA ADMINISTRATION FEE   | \$0    | ).12         | \$0.72     |
| FEDERAL TAX WITHHOLDING        | \$78   | 3.25         | \$455.04   |
| MCHCP VISION - CP              | \$2    | 2.24         | \$13.44    |
| MEDICARE TX W/H EMPLOYEE SHARE | \$19   | .25          | \$113.30   |
| MOSERS RETIREMENT PLAN - EE    | \$53   | 3.19         | \$313.10   |
| SOCIAL SECURITY TAX W/H -EE    | \$82   | 2.30         | \$484.46   |
| STATE TAX WITHHOLDING          | \$7    | <b>'</b> .00 | \$37.00    |
| Total                          | \$242  | 2.35         | \$1,417.06 |

| Employer Contributions        | Amount   | YTD Amount |
|-------------------------------|----------|------------|
| LIFE INSURANCE FRINGE PAYMNT  | \$5.72   | \$33.66    |
| LONG TERM DISABILITY FRINGE   | \$6.32   | \$37.19    |
| MEDICARE FRINGE PAYMENT       | \$19.25  | \$113.30   |
| MOSERS RET 2011 PLAN FRNG PAY | \$268.73 | \$1,581.91 |
| RETIREE HEALTH FRINGE         | \$82.31  | \$454.43   |
| SOCIAL SECURITY TAX W/H -ER   | \$82.30  | \$484.46   |
| Total                         | \$464.63 | \$2,704.95 |

Direct Deposit Number Account Type Account Number Routing Number 2090000023919234 **CHECKING** \*\*\*\*2445 314074269

PO Box 809

#### Jefferson City, Missouri 65102

| Deficison City, Missouri 65102 |             |                       |                   |
|--------------------------------|-------------|-----------------------|-------------------|
| Name:MELISSA R. WALKER         |             | k Date:06/14          |                   |
| <b>Address:</b> 10770 LIV 237  | Payroll     | <b>Period:</b> 5/16/2 | 2019 - 5/31/2019  |
| CHILLICOTHE, MO 64601          | Check Net A | mount:\$1,03          | 0.72              |
|                                | A           | Υ                     | TD                |
| Wages                          | Ame         | ount A                | mount             |
| GROSS WAGES                    |             | \$1,303.67            | \$16,266.70       |
| FEDERAL/STATE TAXABLE WAGE     |             | \$1,209.07            | \$15,179.10       |
| SOCIAL SECURITY/MEDICARE WAGE  |             | \$1,261.22            | \$15,907.75       |
| Pay Rat                        | e Hot       | ırs A                 | mount             |
| REGULAR PAY                    | \$1,303.67  | 87:40                 | \$1,318.71        |
| ANNUAL LEAVE USAGE PAY         | \$1,303.67  | 8:00                  | \$120.34          |
| OFFSETS FLSA PAY TO LEAVE BAL  | \$0.00      | -9:00                 | <b>\$-</b> 135.38 |
| Total                          |             | 86:40                 | \$1,303.67        |
|                                |             |                       | TD                |
| Deductions                     | Amo         | ount A                | mount             |
| ADDITIONAL STATE TAX W/H       |             | \$5.00                | \$55.00           |
| CAFETERIA ADMINISTRATION FEE   |             | \$0.12                | \$1.32            |
| FEDERAL TAX WITHHOLDING        |             | \$71.74               | \$1,010.94        |
| MCHCP HEALTH - CP              |             | \$36.00               | \$288.00          |
| MCHCP VISION - CP              |             | \$6.45                | \$70.95           |
| MEDICARE TX W/H EMPLOYEE SHARE |             | \$18.29               | \$230.66          |
| MO STATE DEFERRED COMP PLAN    |             | \$0.00                | \$77.95           |
| MOSERS RETIREMENT PLAN - EE    |             | \$52.15               | \$650.70          |
| SOCIAL SECURITY TAX W/H -EE    |             | \$78.20               | \$986.28          |
| STATE TAX WITHHOLDING          |             | \$5.00                | \$148.00          |
| Total                          |             | \$272.95              | \$3,519.80        |
|                                | A           | ount Y                | TD                |
| Employer Contributions         | AM          | ount A                | lmount            |
| LIFE INSURANCE FRINGE PAYMNT   |             | <b>\$</b> 5.61        | \$69.98           |
| LONG TERM DISABILITY FRINGE    |             | \$6.19                | \$77.24           |
| MCHCP HEALTH FRINGE PAYMENT    |             | \$402.00              | \$3,920.00        |
| MEDICARE FRINGE PAYMENT        |             | \$18.29               | \$230.66          |
| MOSERS RET 2011 PLAN FRNG PAY  |             | \$263.47              | \$3,287.49        |
| RETIREE HEALTH FRINGE          |             | \$56.45               | \$852.42          |
| SOCIAL SECURITY TAX W/H -ER    |             | \$78.20               | \$986.28          |
| Total                          |             | \$830.21              | \$9,424.07        |

| /Otal            |          |          |           |
|------------------|----------|----------|-----------|
| Direct Deposit   | Account  | Account  | Routing   |
| Number           | Туре     | Number   | Number    |
| 2090000024178087 | CHECKING | ****9876 | 101901396 |

#### State of Missouri Office of Administration PO Box 809 Jefferson City, Missouri 65102 Name: MELISSA R. WALKER Check Date: 05/31/2019 Address: 10770 LIV 237 Payroll Period:5/01/2019 - 5/15/2019 CHILLICOTHE, MO 64601 Check Net Amount:\$1,030.74 Wages Amount **YTD Amount** GROSS WAGES \$1,303.67 \$14,963,03 FEDERAL/STATE TAXABLE WAGE \$1,209.07 \$13,970,03 SOCIAL SECURITY/MEDICARE WAGE \$1,261.22 \$14,646.53 Rate **Hours Amount** REGULAR PAY \$468.82 \$1,303.67 31:10 ANNUAL LEAVE USAGE PAY \$1,303.67 20:23 \$306.61 FEDERAL COMP USAGE PAY \$1,303.67 \$180.51 12:00 HOLIDAY COMP USAGE PAY \$1,303.67 3:14 \$48.64 \$-7.52 OFFSETS FLSA PAY TO LEAVE BAL \$0.00 -0:30 \$267.00 SICK LEAVE USAGE PAY \$1,303.67 17:45 STATE COMP USAGE PAY \$1,303.67 2:38 \$39.61 Total \$1,303.67 86:40 Deductions **Amount** YTD Amount \$50.00 ADDITIONAL STATE TAX W/H \$5.00 \$1.20 CAFETERIA ADMINISTRATION FEE \$0.12 \$939.20 \$71.74 FEDERAL TAX WITHHOLDING \$252.00 \$36.00 MCHCP HEALTH - CP \$64.50 MCHCP VISION - CP \$6.45 \$212.37 MEDICARE TX W/H EMPLOYEE SHARE \$18.28 \$77.95 MO STATE DEFERRED COMP PLAN \$0.00 \$598.55 MOSERS RETIREMENT PLAN - EE \$52.15 \$908.08 SOCIAL SECURITY TAX W/H -EE \$78.19 \$143.00 STATE TAX WITHHOLDING \$5.00 \$272.93 \$3,246.85 Total **Employer Contributions Amount** YTD Amount \$64.37 IFE INSURANCE FRINGE PAYMNT \$5.61 \$71.05 ONG TERM DISABILITY FRINGE \$6.19 \$402.00 \$3,518.00 MCHCP HEALTH FRINGE PAYMENT \$212.37 \$18.28 MEDICARE FRINGE PAYMENT \$3,024.02 \$263.47 MOSERS RET 2011 PLAN FRNG PAY \$56.45 \$795.97 RETIREE HEALTH FRINGE SOCIAL SECURITY TAX W/H -ER \$78.19 \$908.08 \$830.19 \$8,593.86 Total Direct Deposit NumberAccount TypeAccount NumberRouting Number

CHECKING

2090000024125957

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101901396

| State of Missouri              |          |              |            |                    |
|--------------------------------|----------|--------------|------------|--------------------|
| Office of Administration       |          |              |            |                    |
|                                |          |              |            |                    |
| PO Box 809                     |          |              |            |                    |
| Jefferson City, Missouri 6510  | 02       |              |            |                    |
| Name:MELISSA R. WALKER         | .,       | Chec         | k Date:05  | /15/2019           |
| Address:10770 LIV 237          |          | Payroli      | Period:4/1 | 6/2019 - 4/30/2019 |
| CHILLICOTHE, MO 64601          |          | Check Net A  | mount:\$2  | ,058.46            |
| Wages                          |          | Amour        |            | TD Amount          |
| GROSS WAGES                    |          |              | \$2,732.69 | \$13,859,36        |
| FEDERAL/STATE TAXABLE WAGE     |          |              | \$2,580.93 | \$12,760.96        |
| SOCIAL SECURITY/MEDICARE WAGE  |          |              | \$2,690.24 | \$13,385.31        |
| Pay                            | Rate     | Hours        |            | lmount             |
| REGULAR PAY                    |          | \$1,303.67   | 84:40      | \$1,273.59         |
| ANNUAL LEAVE USAGE PAY         |          | \$1,303.67   | 2:00       | \$30.08            |
| FEDERAL COMP TIME - PAID       |          | \$1,303.67   | 89:38      | \$1,348.29         |
| OFFSETS FLSA PAY TO LEAVE BAL  |          | \$0.00       | -8:00      | \$-120.34          |
| SICK LEAVE USAGE PAY           |          | \$1,303.67   | 8:00       | \$120.34           |
| STATE COMP TIME - PAID         |          | \$1,303.67   | 5:22       | \$80.73            |
| Total                          |          | 0.,000.01    | 181:40     | \$2,732.69         |
| Deductions                     |          | Amoun        |            | TD Amount          |
| ADDITIONAL STATE TAX W/H       |          | ~= <b>~</b>  | \$5.00     | \$45.00            |
| CAFETERIA ADMINISTRATION FEE   |          |              | \$0.12     | \$1.08             |
| FEDERAL TAX WITHHOLDING        |          |              | \$234.54   | \$867.46           |
| MCHCP HEALTH - CP              |          |              | \$36.00    | \$216.00           |
| MCHCP VISION - CP              |          |              | \$6.45     | \$58.05            |
| MEDICARE TX W/H EMPLOYEE SHARE | <u>:</u> |              | \$39.01    | \$194.09           |
| MO STATE DEFERRED COMP PLAN    |          |              | \$0.00     | \$77.95            |
| MOSERS RETIREMENT PLAN - EE    |          |              | \$109.31   | \$546.40           |
| SOCIAL SECURITY TAX WIH -EE    |          |              | \$166.80   | \$829.89           |
| STATE TAX WITHHOLDING          |          |              | \$77.00    | \$138.00           |
| Total                          |          |              | \$674.23   | \$2,973.92         |
| Employer Contributions         |          | Amoun        | t Y        | TD Amount          |
| LIFE INSURANCE FRINGE PAYMNT   |          |              | \$11.75    | \$58.76            |
| LONG TERM DISABILITY FRINGE    |          |              | \$12.98    | \$64.86            |
| MCHCP HEALTH FRINGE PAYMENT    |          |              | \$402.00   | \$3,116.00         |
| MEDICARE FRINGE PAYMENT        |          |              | \$39.01    | \$194.09           |
| MOSERS RET 2011 PLAN FRNG PAY  |          |              | \$552.28   | \$2,760.55         |
| RETIREE HEALTH FRINGE          |          |              | \$118.33   | \$739.52           |
| SOCIAL SECURITY TAX W/H -ER    |          |              | \$166.80   | \$829.89           |
| Total                          |          |              | \$1,303.15 | \$7,763.67         |
| Direct Deposit NumberAcco      | unt T    | peAccount Nu | mberRou    | uting Number       |
| _                              | ECKING   |              |            | 101901396          |
| <del>-</del>                   | -        | •            | IIIDGI KOL | -                  |



| PO Box 809                      |             |                      |                   |
|---------------------------------|-------------|----------------------|-------------------|
| Jefferson City, Missouri 65102  |             |                      |                   |
| Name:MELISSA R. WALKER          | Chec        | k Date:04/3          | 0/2019            |
| Address:10770 LIV 237           | Payroll     | Period:4/01          | /2019 - 4/15/2019 |
| CHILLICOTHE, MO 64601           | Check Net A | <b>\mount:</b> \$1,0 | 30.73             |
| Wages                           | Amo         | ount \               | TD Amount         |
| GROSS WAGES                     |             | \$1,303.67           | \$10,926.67       |
| FEDERAL/STATE TAXABLE WAGE      |             | \$1,209.07           | \$10,180.03       |
| SOCIAL SECURITY/MEDICARE WAGE   |             | \$1,261.22           | \$10,695.07       |
| Pay Rate                        | Ho          | urs .                | Amount            |
| REGULAR PAY                     | \$1,303.67  | 105:10               | \$1,581.94        |
| ANNUAL LEAVE USAGE PAY          | \$1,303.67  | 4:00                 | \$60.17           |
| OFFSETS FLSA PAY TO LEAVE BAL   | \$0.00      | -22:30               | \$-338.44         |
| Total                           |             | 86:40                | \$1,303.67        |
| Deductions                      | Amo         | ount                 | TD Amount         |
| ADDITIONAL STATE TAX W/H        |             | \$5.00               | \$40.00           |
| CAFETERIA ADMINISTRATION FEE    |             | \$0.12               | \$0.96            |
| FEDERAL TAX WITHHOLDING         |             | \$71.74              | \$632.92          |
| MCHCP HEALTH - CP               |             | \$36.00              | \$180.00          |
| MCHCP VISION - CP               |             | \$6.45               | \$51.60           |
| MEDICARE TX W/H EMPLOYEE SHARE  |             | \$18.29              | \$155.08          |
| MO STATE DEFERRED COMP PLAN     |             | \$0.00               | \$77.95           |
| MOSERS RETIREMENT PLAN - EE     |             | \$52.15              | \$437.09          |
| SOCIAL SECURITY TAX W/H -EE     |             | \$78.19              | \$663.09          |
| STATE TAX WITHHOLDING           |             | \$5.00               | \$61.00           |
| Total                           |             | \$272.94             | \$2,299.69        |
| Employer Contributions          | Ame         | ount '               | YTD Amount        |
| LIFE INSURANCE FRINGE PAYMNT    |             | \$5.61               | \$47.01           |
| LONG TERM DISABILITY FRINGE     |             | <b>\$6.19</b>        | \$51.88           |
| MCHCP HEALTH FRINGE PAYMENT     |             | \$402.00             | \$2,714.00        |
| MEDICARE FRINGE PAYMENT         |             | \$18.29              |                   |
| MOSERS RET 2011 PLAN FRNG PAY   |             | \$263.47             | \$2,208.27        |
| RETIREE HEALTH FRINGE           |             | \$56.45              | \$621.19          |
| SOCIAL SECURITY TAX W/H -ER     |             | \$78.19              | \$663.09          |
| Total                           |             | \$830.20             | \$6,460.52        |
| Direct Deposit Number Account T | <b>~</b> -  |                      | _                 |
| 2090000024022624 CHECKIN        | G ****9     | 876                  | 101901396         |

# State of Missouri

2090000023971155



| Check Date:04/1   | 5/2019  |
|-------------------|---|
| yroll Period:3/16 | 6/2019 - 3/31/2019  |
| Net Amount:\$1,4  | 112.04  |
| Amount            | YTD Amount  |
| \$1,830.15        | \$9,623.00  |
| \$1,714.49        | \$8,970.96  |
| \$1,787.70        | \$9,433.88  |
| Hours             | Amount  |
| 37 123:55         | \$1,863.98  |
| 8:00              | \$120.34  |
| 9:53              | \$148.67  |
| 37 23:37          | \$355.25  |
| 00:8-             | \$-120.34   |
| 00 -37:15         | \$-560.3  |
| 67 1:30           | \$22.56   |
| 121:40            | \$1,830.18  |
| Amount            | YTD Amount  |
| \$5.00            | \$35.00   |
| \$0.12            | \$0.84  |
| \$130.57          | \$561.18  |
| \$36.00           | \$144.00  |
| \$6.45            |   |
| \$25.92           |   |
| \$0.00            |   |
| \$73.21           | •   |
| \$110.84          |   |
| \$30.00           |   |
| \$418.11          | \$2,026.75  |
| Amount            | YTD Amount  |
| \$7.87            |   |
| \$8.69            |   |
| \$578.00          | •   |
| \$25.92           |   |
| \$369.87          | ·   |
|                   |   |
|                   |   |
|                   |   |
|                   | \$113.29<br>\$110.84<br><i>\$1,214.48</i><br>ount Number Ro |

\*\*\*\*9876

101901396

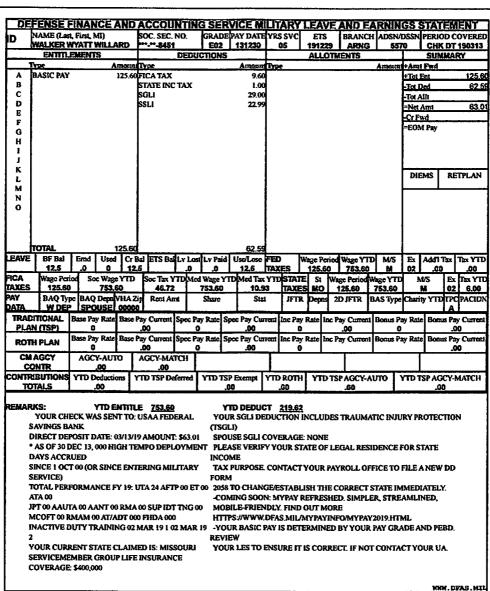
**CHECKING** 



| Jefferson City, Missouri 65102  |                   | Date:03/2      | 0/2010            |
|---------------------------------|-------------------|----------------|-------------------|
| Name:MELISSA R. WALKER          |                   |                |                   |
| <b>Address:</b> 10770 LIV 237   |                   |                | /2019 - 3/15/2019 |
| CHILLICOTHE, MO 64601           | Check Net Am      | 10unt:\$1,0    | 20.00             |
| Wages                           | Amou              | int '          | YTD Amount        |
| GROSS WAGES                     |                   | \$1,303.67     | \$7,792.85        |
| FEDERAL/STATE TAXABLE WAGE      |                   | \$1,196.03     | \$7,256.47        |
| SOCIAL SECURITY/MEDICARE WAGE   |                   | \$1,261.22     | \$7,646.15        |
| Pay Rate                        | Hours             | 3              | Amount            |
| REGULAR PAY                     | \$1,303.67        | 73:10          | \$1,100.59        |
| FEDERAL COMP USAGE PAY          | \$1,303.67        | 8:45           | \$131.62          |
| SICK LEAVE USAGE PAY            | \$1,303.67        | 4:45           | \$71.46           |
| Total                           |                   | 86:40          | \$1,303.67        |
| Deductions                      | Amou              | int `          | YTD Amount        |
| ADDITIONAL STATE TAX W/H        |                   | \$5.00         | \$30.00           |
| CAFETERIA ADMINISTRATION FEE    |                   | \$0.12         | \$0.72            |
| FEDERAL TAX WITHHOLDING         |                   | \$70.43        | \$430.61          |
| MCHCP HEALTH - CP               |                   | \$36.00        | \$108.00          |
| MCHCP VISION - CP               |                   | \$6.45         | \$38.70           |
| MEDICARE TX W/H EMPLOYEE SHARE  |                   | \$18.29        | \$110.87          |
| MO STATE DEFERRED COMP PLAN     |                   | \$13.04        | \$77.95           |
| MOSERS RETIREMENT PLAN - EE     |                   | <b>\$52.15</b> | \$311.73          |
| SOCIAL SECURITY TAX W/H -EE     |                   | \$78.19        |                   |
| STATE TAX WITHHOLDING           |                   | \$4.00         |                   |
| Total                           |                   | \$283.67       | \$1,608.64        |
| Employer Contributions          | Amou              | int            | YTD Amount        |
| LIFE INSURANCE FRINGE PAYMNT    |                   | \$5.61         | \$33.53           |
| LONG TERM DISABILITY FRINGE     |                   | \$6.19         |                   |
| MCHCP HEALTH FRINGE PAYMENT     |                   | \$578.00       | \$1,734.00        |
| MEDICARE FRINGE PAYMENT         |                   | \$18.29        |                   |
| MOSERS RET 2011 PLAN FRNG PAY   |                   | \$263.47       |                   |
| RETIREE HEALTH FRINGE           |                   | \$80.70        |                   |
| SOCIAL SECURITY TAX W/H -ER     |                   | \$78.19        |                   |
| Total                           | - <del></del>     | \$1,030.45     |                   |
| Direct Deposit Number Account T |                   |                |                   |
| 2090000023919230 CHECKIN        | IG <u>****987</u> | 6              | 101901396         |

#### LEAVE AND EARNINGS STATEMENT (LES)

Second older pay period ∨ 03/13/2019 ∨ Printer Friendly LES →



DFAS Form 702, Jan 02

#### LEAVE AND EARNINGS STATEMENT (LES)

Printer Friendly LES First older pay period 04/19/2019 DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT NAME (Last, First, MI) WALKER WYATT WILLARD SOC. SEC. NO. GRADE PAY DATE YRS SVC E02 131230 05 ETS BRANCII ADSN/DSSN PERIOD COVERED 191229 ARNG 5570 CHK DT 190419 **ALLOTMENTS** SUMMARY **ENTITLEMENTS** DEDUCTIONS +Amt Pwd Amount Type Dre BASIC PAY +Tot En 125.60 125.60 FICA TAX B STATE INC TAX 1.0 -Tot Ded 10.6 -Tot Allt =Net And 114.95 E Cr Fud =EOM Pay Ğ H K L M RETPLAN N Emd Used Cr Ba BF Bal 12.5 0 TAXES 1256,00 Wage Period Med Wage YTD Med Tax YTD STATE St 1256.00 18.21 TAXES MO RCA Wage Perio Soc Wage YTD Whoe YTT M/S l Fx lTax YTT TAXES 1256.00 02 11.00 1256.00 125.60 77.87 BAQ Depa VIIA Zi SPOUSE 00000 Zaniv YTDITPCIPACID PAY **BAQ Type** Rent Amt Stat JFTR Denn 2D JFTR BAS Type DATA W DEP TRADITIONAL Base Pay Rate Spec Pay Currer Inc Pay Currer PLAN (TSP) us Pay Curre **ROTH PLAN** CM AGCY ACCY-AUTO AGCY-MATCH CONTR .00 .00 YTD TSP AGCY-MATCH YTD TSP Exempt YTD ROTH YTD TSP AGCY-AUTO TOTAL S .00 YTD DEDUCT 315.04
YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION REMARKS: YTO ENTITLE 1258,00 YOUR CHECK WAS SENT TO: USAA FEDERAL (TSGLI) SAVINGS BANK DIRECT DEPOSIT DATE: 04/19/19 AMOUNT: \$114.99 SPOUSE SGLI COVERAGE: NONE AS OF 30 DEC 13,000 HIGH TEMPO DEPLOYMENT
 PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE DAYS ACCRUED INCOME TAX PURPOSE, CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY FORM SERVICE) TOTAL PERFORMANCE FY 19. UTA 32 AFTP 00 ET 00 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -COMING SOON: MYPAY REFRESHED. SIMPLER, STREAMLINED, ATA 00 MOBILE-FRIENDLY. FIND OUT MORE JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00 MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000 HTTPS://WWW.DFAS.MIL/MYPAYINFO/MYPAY2019.HTML INACTIVE DUTY TRAINING 04 APR 19 I 04 APR 19 2 -YOUR BASIC PAY IS DETERMINED BY YOUR PAY GRADE AND PEBD. YOUR CURRENT STATE CLAIMED IS: MISSOURI REVIEW SERVICEMEMBER GROUP LIFE INSURANCE YOUR LES TO ENSURE IT IS CORRECT, IF NOT CONTACT YOUR UA. COVERAGE: \$400,000

DFAS Form 702, Jan 02

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#### LEAVE AND EARNINGS STATEMENT (LES)

Printer Friendly LES **Current pay period** 05/15/2019 DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT GRADE PAY DATE YRS SVC E02 131230 05 BRANCH ADSN/DSSN PERIOD COVERED SOC. SEC. NO. ETS NAME (Last, First, MI) WALKER WYATT WILLARD 191229 ARNG CHK DT 190515 DEDUCTIONS ALLOTMENTS SUMMARY +Amt Fwd 251.20 BASIC PAY 251 20 FTCA TAX 19.2 +Tot Ent STATE INC TAX Tot Ded 73.2 B 2.00 29.00 Tot Allt SSLE 229 177.99 =Net Amt E Cr Fwd EOM Pay G 44 K L DIEMS RETPLAN N Wage Period Wage YTD M/S 251.20 1507.20 M Ex Add1 Tax Tax YTD BF Bal Used Cr Bal ETS Bal Lv Lost Lv Paid Use/Lose TAXES 12.5 12.5 12.5 .0 Soc Tax YTD Med Wage YTD Med Tax YTD STATE SI Wage Period Wage YTT 93.45 1507.20 21.86 TAXES MO 251.20 1507.20 Ex Tax YTT 02 13.00 FICA Wage Perio Soc Wage YTD TAXES 251.20 1507.20 93.45 1507.20 BAQ Depn VHA Zi SPOUSE 00000 Stat JFTR 2D JFTR BAS Type Charity YTO TPC PACIDI BAQ Type W DEP Inc Pay Rat ne Pay Currer TRADITIONAL Base Pay Rate Spec Pay Curr PLAN (TSP) .00 Spec Pay Curre Bonus Pay Rat onus Pay Curre Spec Pay Rat Inc Pay Rat nc Pay Curren Base Pay Rate **ROTH PLAN** CM AGCY AGCY-MATCH CONTR .00 YTD TSP AGCY-MATCH YTO ROTH YTD TSP AGCY-AUTO CONTRIBUTIONS YTD Deductions YTD TSP Deferred YTD TSP Exempt TOTALS .00 YTD DEDUCT 388.25
YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION YTD ENTITLE 1507.20 YOUR CHECK WAS SENT TO: USAA FEDERAL SAVINGS RANK CTSCLID DIRECT DEPOSIT DATE: 05/15/19 AMOUNT: \$177.99 SPOUSE SGLI COVERAGE: NONE PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE \* AS OF 30 DEC 13,000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED SINCE I OCT 00 (OR SINCE ENTERING MILITARY TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD SERVICE) FORM TOTAL PERFORMANCE FY 19: UTA 36 AFTP 00 ET 00 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -COMING SOON: MYPAY REFRESHED. SIMPLER, STREAMLINED, ATA 00 MOBILE-FRIENDLY, FIND OUT MORE IPT 00 A ALITA 00 A ANT 00 RMA 00 SUP IDT TNG 00 MCOFT OO RMAM OO AT/ADT OOO FHDA OOO HTTPS://WWW.DFAS.MIL/MYPAYINFO/MYPAY2019.HTML INACTIVE DUTY TRAINING 04 MAY 19 I 04 MAY 19 -YOUR BASIC PAY IS DETERMINED BY YOUR PAY GRADE AND PEBD. 2 05 MAY 19 1 INACTIVE DUTY TRAINING 05 MAY 19 2 YOUR LES TO ENSURE IT IS CORRECT. IF NOT CONTACT YOUR UA. YOUR CURRENT STATE CLAIMED IS: MISSOURI SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$400,000

DFAS Form 702, Jan 02

WWW.DFAS.MII